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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**Declaration  
Submitted  
with Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

235P002

First Named Inventor

Richard Cottrell

**COMPLETE IF KNOWN**

Application Number

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MODIFIED DENTAL IMPLANT FIXTURE

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.


| Prior Foreign Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed  | Certified Copy Attached? |                          |
|----------------------------------------|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|                                        |         |                                     |                          | YES                      | NO                       |
|                                        |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                        |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                        |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                        |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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## DECLARATION — Utility or Design Patent Application

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                             |                                 |                                                                               |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------|-----------------|
| Direct all correspondence to: <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Customer Number <input type="text"/> or Bar Code Label <input type="text"/> |                                 | OR <input checked="" type="checkbox"/> Correspondence address below           |                 |
| Name David M. Mundt, Esq.<br>Cook, Alex, McFarron, Manzo, Cummings & Mehler, Ltd.                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                             |                                 |                                                                               |                 |
| Address 200 West Adams Street, Suite 2850                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                             |                                 |                                                                               |                 |
| City Chicago                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                             | State Illinois                  |                                                                               | ZIP 60603       |
| Country U.S.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Telephone (312) 984-0144                                                    |                                 | Fax 312-984-0146                                                              |                 |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |  |                                                                             |                                 |                                                                               |                 |
| NAME OF SOLE OR FIRST INVENTOR:                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                             |                                 | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                 |
| Given Name (first and middle [if any]) Richard                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                             | Family Name or Surname Cottrell |                                                                               |                 |
| Inventor's Signature                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                             |                                 | Date 8/11/02                                                                  |                 |
| Residence: City Lake Forest                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | State IL                                                                    | Country USA                     |                                                                               | Citizenship USA |
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| City Lake Forest                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | State IL                                                                    | ZIP 60045                       |                                                                               | Country USA     |
| NAME OF SECOND INVENTOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                             |                                 | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                 |
| Given Name (first and middle [if any])                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                             | Family Name or Surname          |                                                                               |                 |
| Inventor's Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                             |                                 | Date                                                                          |                 |
| Residence: City                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | State                                                                       | Country                         |                                                                               | Citizenship     |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                             |                                 |                                                                               |                 |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | State                                                                       | ZIP                             |                                                                               | Country         |
| <input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.                                                                                                                                                                                                                                                                                                                       |  |                                                                             |                                 |                                                                               |                 |